

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003314

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 311

Primary Registration District No. 4426

Registrar's No. 1

FILED JAN 10 1962

1. PLACE OF DEATH

a. COUNTY

ST. CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)

Appleton City, Mo. 7 mo.

c. FULL NAME OF (If NOT in hospital, give location)

Elliott M. Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Montrose Mo.

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

James Estle Bunch

DATE

Month

Day

Year

OF

DEATH

JAN 4 - 1962

5. SEX

M.

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct. 7. 85

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

Hours

Min.

2

27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Montrose Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Joseph Taylor Bunch

13b. MOTHER'S MAIDEN NAME

Mary Ellen Walker

14. NAME OF HUSBAND OR WIFE

Cadeia Bunch

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Vergil Bunch Montrose Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

4 da

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

CHRONIC

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 1954 to Jan 4, 1962 and last saw him alive on Jan 3, 1962

Death occurred at 5:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R.H. Braunschinger MD

22b. ADDRESS

Appleton City Mo

22c. DATE SIGNED

Jan 5 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan 7 - 1962

23c. NAME OF CEMETERY OR CREMATORY

Montrose

23d. LOCATION (City, town, or county)

Montrose, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Osceola Eckhoff Appleton City Mo. Jan. 6, 1962

25. DATE RECD. BY LOCAL REG.

Jan. 6, 1962

26. REGISTRAR'S SIGNATURE

Oleo Abney

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm E. Eddy

Licensed Embalmer No. 3942

P. O. Address Applenton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.